

**Entry Blank—Please Type or Print**

☒ Ms./Artist JUDITH SALOMON  
☐ Mr./Artist \_\_\_\_\_

Permanent Address 3448 Lynnfield SHAKER HTS  
Street City

44122 Daytime Tel. ( 216 ) 751-4794  
Zip area

Temporary or Studio Address 2190 PROFESSOR CLEVELAND  
Street City

44113 Daytime Tel. ( 216 ) 566-9810  
Zip area

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? \_\_\_\_\_

Collaborator (if any) \_\_\_\_\_

If May Show entries are not accepted or are not sold:

- ☒ Artist will pick up at Museum.  
☐ Museum should dispose of.  
☐ Museum should ship to artist at artist's expense:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

**Special Instructions**

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until September 5, 1993.

**The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.**

Signature Judith Salomon

I have received the unsold/unaccepted object(s) in good condition.

Signature Judith Salomon

**Detach entire portion along dotted line and submit with slides, but retain tags**

☐ Photography

height x width x depth

☐ Photography

14" x 22 x 12  
height x width x depth

ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED	REC'D
<del>X</del>		<del>X</del>	mh
NOT ACCEPTED	5 (RP)	NOT ACCEPTED	DATE
	1 70.0 RP		5/5